

FILED DEC 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37713

Registration District No. 214

Primary Registration District No. 6006

Registrar's No. 302

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Cairo
(c) Name of hospital or institution: RFD #1
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)
In this community nine years

3. (a) PRINT FULL NAME ABNER BURRIS

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Martha Ann Burris 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb - 22 - 1888
(Month) (Day) (Year)

8. AGE: 60 years, 9 months, 6 days If less than one day hr. min.

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

MOTHER FATHER { 12. Name Jacob Burris
13. Birthplace Kentucky
14. Maiden name Charity Riggs
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Abner Burris
(b) Address RFD #1 Cairo Mo.
17. (a) Burial (b) Date thereof Nov-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home
18. (a) Signature of funeral director Funeral Home
(b) Address Proberly Missouri
19. (a) 11-28-48 (b) Deak Wehman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. RFD #1 Cairo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 28
year 1948 hour 5 minute 00 AM.

21. I hereby certify that I attended the deceased from May 1946, to Nov - 28 - 1948
that I last saw him alive on - 21 - Nov - 1948
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY OCC/USION Duration 6 wks
Due to HYPERTENSION 6 mo

Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94A
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) While at work? (e) Means of injury 2

23. Signature John S Naydock (M. D. or other) DO
Address Cairo Mo Date signed 28 Nov 48

DEC 10 1948

RECEIVED
District Health Officer No. 10
District File Number 12-48-2077
DEC 6 - 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.